



PSA submission to Te Whatu Ora

Proposal for Consultation:

Data and Digital

Introduction

The Public Service Association

The New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (the PSA) is the largest trade union in New Zealand with over 85,000 members. We are a democratic organisation representing members in the public service, the wider state sector, local government and non-governmental organisations working in the health, social services and community sectors. We have over 25,000 members at Te Whatu Ora.

The PSA believes that maintaining a high functioning, valued and experienced work force provides for a quality service for the people who use the service, which is also a critical factor for stakeholders.

PSA Approach to Restructurings and Reviews

The PSA recognises that change will be necessary to achieve the 5 key system shifts of the health reforms and that change will be a feature of developing and creating Te Whatu Ora. This submission contains constructive and specific recommendations on both the process and substance of the current change proposals.

As a union, the PSA has considerable experience of change proposals and their effects upon staff and service delivery and is not resistant to change. Our focus is on:

- **Employment and job security:**
 - Maximising opportunities for redeployment, development and training and minimising job losses.

- **Worker voice:**
 - Ensuring PSA members can have a say in the decisions about whether and what change is needed.
 - Ensuring PSA members can have a say in determining any formal process for implementing any change.

- **Fairness and transparency:**
 - Ensuring change processes are procedurally fair and transparent.
 - Ensuring decision making processes are transparent.

- **Ensuring any change promotes sustainable services, high performing productive workplaces, and decent jobs:**
 - Mobilising members' knowledge to improve the efficiency and quality of services and jobs.
 - Once the change has been implemented, monitoring the impact on services and workloads.

Collaborative approach

A collaborative approach to change produces better outcomes and maintains productivity. How change happens and how workers are engaged in the design and delivery of new structures is crucial.

The importance of clear communication around change processes is a core principle for the PSA. This has also repeatedly been upheld by the courts. Goddard CJ adopted the following propositions from a 1993 Court of Appeal judgement (Communication and Energy Workers Union v Telecom NZ Ltd [1993] 2 ERNZ 429) as a guide to employers and employees.

If there is a proposal to make a change, and such change requires to be preceded by consultation, it must not be made until after consultation with those required to be consulted. **“They must know what is proposed before they can be expected to give their views.”** (see Port Louis Corporation).

This does not involve a right to demand assurances but there must be sufficiently precise information given to enable the person to be consulted to state a view, together with a reasonable opportunity to do so. This may include an opportunity to state views in writing or orally.

The requirement for consultation is never to be treated perfunctorily or as a mere formality. The person or body to be consulted must be given a reasonably ample and sufficient opportunity to express views or to point to problems or difficulties (see Port Louis Corporation).

Consultation must be allowed sufficient time.

This submission

The submission reflects feedback from workers at Te Whatu Ora: delegates, members, and non-members. Two surveys were carried out, one entirely qualitative and one qualitative and quantitative.

This submission opens with comments on the process of this restructure as a whole, particularly the lack of information. Then it moves on to the specific proposal for Data and Digital. This includes the problems created by lack of good information on the current state, and the importance of retaining a skilled and knowledgeable workforce.

Our members support the health reforms.

Our members have always been very supportive of the goals of the health reforms and embraced the benefits a unified health system could bring. Our submissions to the Pae Ora Healthy Futures Bill were enthusiastic and our members welcomed the formation of Te Whatu Ora and Te Aka Whai Ora.

As long as it's tika and pono and enables us to expand into areas that have never been accessible to our kaimahi before, change is something I'm all for if it means improving our services.

Our members still see the value of the changes that were promised. Our members were most positive when they were speaking about the possibilities of reforms and the changes that they wanted to see:

I hope that systems/areas from the old DHBs are streamlined so that we are all working from the same systems.

Hopefully a focus will be on more equitable care, and less duplication of roles.

Hopefully it will help with transfer of staff through the hospitals and repeated information / training for them, repetitive training done once.

This submission will outline the very negative experiences our members have had with the restructuring process. We emphasise that this negativity comes because of the experiences people have had within Te Whatu Ora and of restructuring. The mismatch between support for the goals of the reforms and negative experiences of the process shows the imperative for Te Whatu Ora to take this feedback seriously and revise their practices.

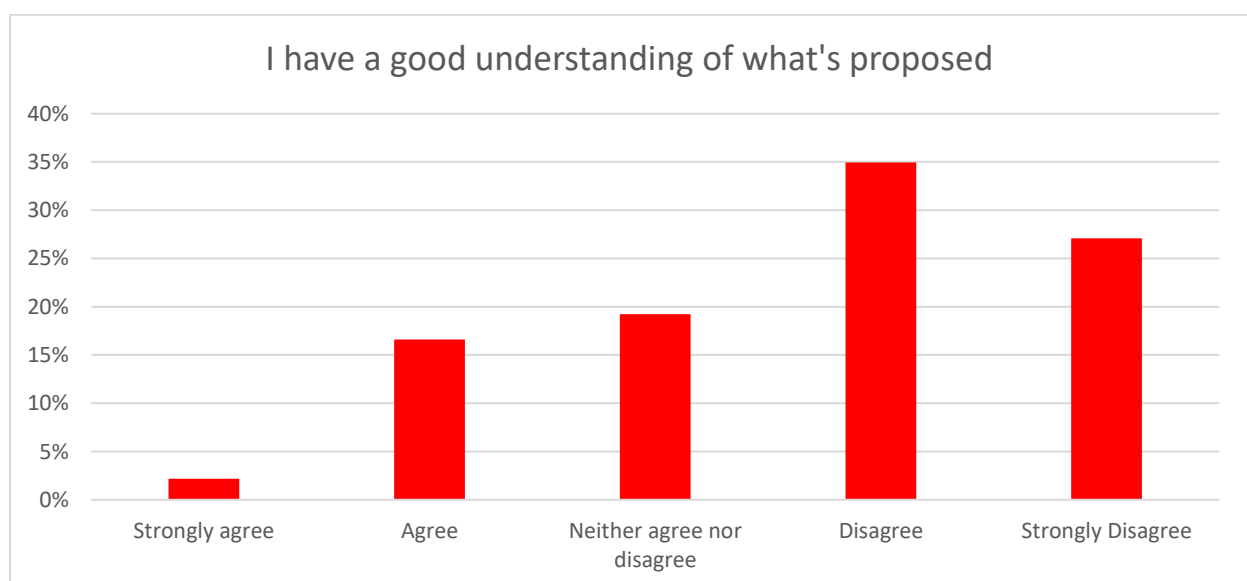
The Change Management Process – Overall

This section is about Te Whatu Ora’s change process overall. Our members have a range of experiences and there was obviously a range of practices across geographical areas and consultation documents. This summary focuses on the major themes our members discussed.

Our members don’t have the information they need.

The information is too vague to make an informed comment.

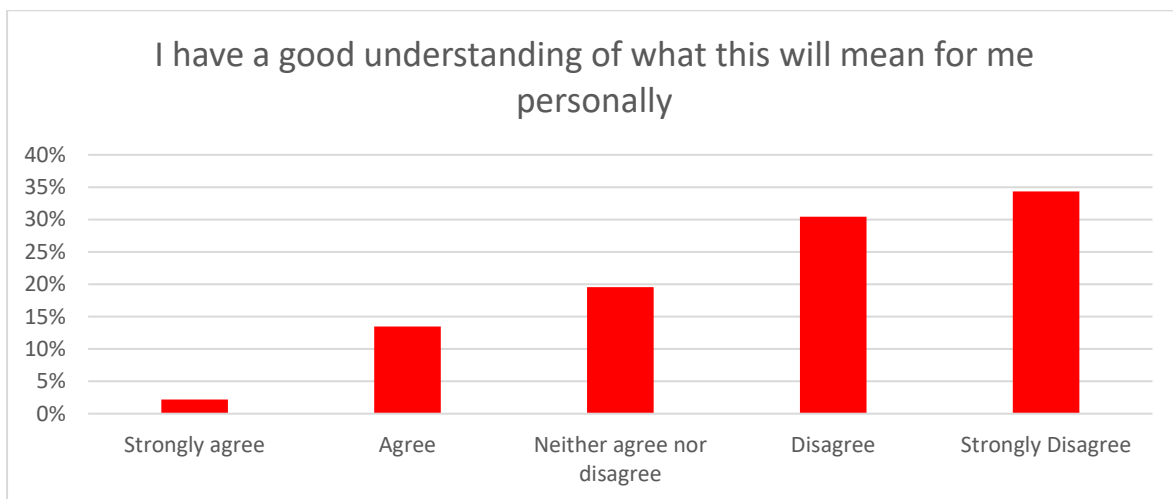
I don't know what's going on and I'm afraid I'll lose my job.



The overwhelming response from our members was that they did not understand the change proposal and did not know what impact it would have on their work. The two comments quoted above were repeated over and over, as members were very clear that neither the information, nor the way it was presented were clear. Just 16 per cent of those who responded to our survey said that they felt they had a good understanding of the proposal.

Our members were very clear that the proposals had not been effectively communicated to them. They specifically mentioned the language of the document and the approach of all staff hui as obstacles. Members mentioned that the approach of all staff hui further suggested that management did not understand the current state. Members described questions not being answered and lack of clarity in communication.

Communication to our members has not been done well. Members did not have the information to understand the changes and also a lack of clarity around the operating model. Just 15% of members agreed that they understood what it meant for them personally.



In our members' voices

The more consultation I have, the more confused I am about where my role and that of my counterparts across the region will fit.

We have no idea what is going on in our department in regards to proposed line change as no one got back to us after we gave feedback. We are left in limbo.

They have held hui to discuss changes but I have been unable to attend or watch any of these during work hours. We cannot watch the recordings either because we don't have a computer operating system that can play them and also have no sound on work computers (and also no time to watch them). They need to distribute a written summary of the changes and what the implications are for each department, and allow adequate time for feedback.

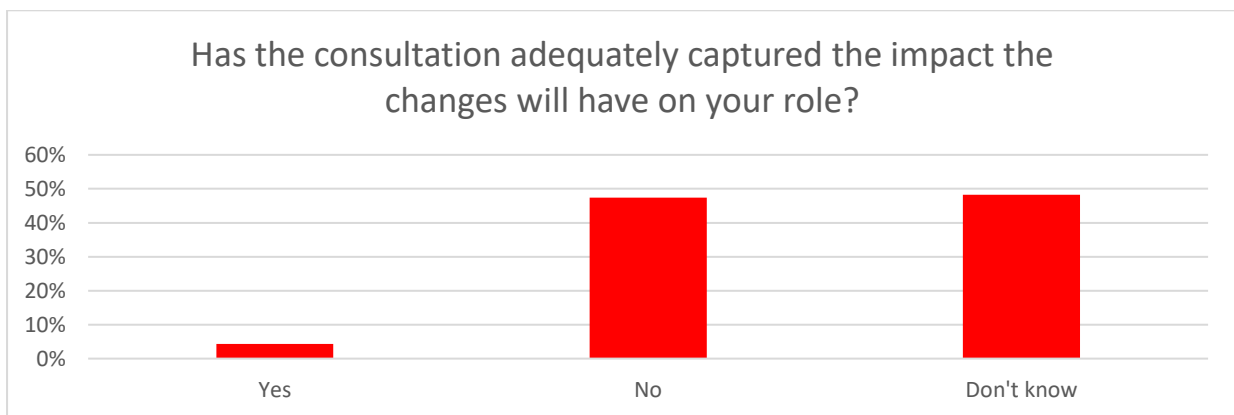
I feel like my manager hasn't had enough information at any point during this process to support me well. She's been very in the dark, which I don't think is her fault. - - There has been a massive quality of information to take in, which has a

lot of jargon in it. This has meant it has taken considerable time and effort to understand the proposal.

Te Whatu Ora's approach to consultation

The confusion members described is a result of a series of decisions that Te Whatu Ora has made about its approach to restructuring. This round of consultation and restructuring focuses on the top 5 tiers of leadership only. Our members pointed out again and again that work had not been done to consider and communicate the implications for the rest of the organisation.

The decision to restructure from the top down is defensible (although some members strongly criticised it), but the decision to present those decisions without full consideration of the rest of the organisation is not. As one member put it: "We have been asked to give feedback on something that we can't see ourselves in."



In our members' voices

They've worked from a top down approach and haven't considered the bottom up.

It seems the restructure is affecting upper and middle management at the moment. There's no discussion about the impact this will have at a grass roots level.

The process has been very poorly handled. While the intention is reasonable, and the proposal for my team's future structure makes sense to me, I cannot gauge the overall impact because of changes to associated roles in the regions and in the national office.

Lack of information of current state

Many members repeatedly made clear that the proposals did not show a good understanding of their work or the current state. They emphasised that without a good understanding of the current state it was impossible for senior Te Whatu Ora management to understand how to undertake reform.

The lack of knowledge about the current state has significantly damaged the process of consultation. Consultation documents went out with errors and members were unable to discover if they were affected and how. There were some examples of good consultation and examples where the

document was based on clear knowledge of the current state. A full picture of the existing state of the organisation is needed in order to effectively design a new system or consult on changes.

In our members' voices:

They need to find out what roles/ functions people are actually doing first, prior to mapping people correctly to roles/ function. There is no job sizing to find out workload, priority work programmes and key projects.

Our regional director had many face to face meetings with our management and staff since June last year. The intelligence director (the directorate I'm likely to move into) held a series of workshops in November and December last year.

I spent an exceptionally long time not receiving any communications and being told that 'no communications meant my job wouldn't change' - until I saw that I had no place in the future state. The reason provided to me was that I started in February - but it's a trivial activity to get a list of new starters and communicate with them directly to let them know their communications would be delayed.

This has been overlooked and I cannot see a role that will pick up that responsibility.

Not enough information provided to determine if the proposed structure is going to be good or bad for me at this stage

No time to look at how this affects me, as my role isn't actually correctly mapped in here.

The proposed restructure is being done to us rather than with us. We have been restructured by people who do not understand the capacity and capability required to deliver on the mahi. There should have been more conversations with teams and senior leaders within teams to understand what is needed. This still needs to happen.

It is the worst I have seen in the last 20 years, and I've seen dozens. Head Office have no idea of my role, and when I contribute to papers that are apparently to help them understand they seem to be incapable of understanding. Real time decisions are being made without understanding the system.

There should be a face to face visit to understand what some roles are about. Centrally created structure is too idealistic, there are many jobs in the background that will not be done under the new structure, there will be nobody to do them.

How do I have faith in the process if the fundamental information about their staff aren't even correct. My position description does not include all the clinical advice that I provide to teams across Te Whatu Ora and MOH.

Impact of lack of information on members

Our members outlined that this lack of consideration for them and the work that they do in the consultation documents had an impact on them. Te Whatu Ora is communicating about its values in terms of who it considers as part of change and how it communicates that change. Lack of information, unclear processes, and putting out documents that talk about leadership and do not discuss the impact on the rest of the organisation all risk sending a message that the people in the organisation are not important and aren't valued. That is the message that some of our members are receiving the message loud and clear.

In our members' voices

It was disrespectful not to engage with the managers and their teams about the work they do prior to designing the new structure. So much of what we do is not represented in the new structure. Is this their way of saying that what we do doesn't matter and is therefore not worth continuing? That's what it feels like anyway!

The leadership group's lack of empathy in addressing the restructuring process is troubling, and at times, difficult to comprehend. It is particularly concerning when a leader dismisses the situation, despite the evident and meaningful impact on our team.

Recommendation 1: Te Whatu Ora restore trust with workers by genuinely listening to feedback from staff about the damage the process has done.

Recommendation 2: Te Whatu Ora apologise to affected workers for the impact of this process.

Additional issues with restructuring

In addition to the big picture issues with the process already discussed, our members raised a number of other issues with the process of restructuring.

Approach to allocating staff to new roles

Our members expressed concern that the approach to allocating staff to new roles was damaged by the lack of information about the current state outlined above. There was also concern that having so many waves of change proposals was not designed with workers' needs in mind – nor to minimise job losses and maximise job security.

Members have shown through their feedback that there is significant confusion about the processes and the impacts of being disestablished and/or redeployed. It is critically important that anyone directly impacted fully understands what this means to them individually and it is an obligation Te Whatu Ora needs to uphold.

In our members' voices

They should have sought clarity around what actual duties people with job titles did as it is no use then coming back with this so called further consultation ...to possibly still employ the people with a different job title. The angst and stress that this process is causing is huge and shows a very real lack of care and

integrity. - The fact that people cannot apply for 'new' roles until they have been disestablished is inappropriate and shocking

My role has been disestablished. A new regional role with remarkably similar responsibilities has been created. I submitted feedback into What Say You asking why my current role was not mapped to the new role. I provided justification for mapping it. My feedback has gone unpublished and unanswered. Remember that this decision to disestablish rather than map is being made at a time when the consultation team say that they don't know what everyone's current role actually involves and at the same time say the new role position descriptions are yet to be written (they have high level role responsibilities in the pack). How can the decision to disestablish rather than map be justified in that context?

My concern is that those in the later waves of consultations might miss out on new job opportunities in the earlier waves. - - I have non-clinical skills that are not tied to a particular function so if I am disestablished, I could have applied for roles in the earlier waves of consultations. I understand that it would be difficult to change the whole organisation in a single wave but I'm not sure they are acting in good faith with those in the later waves.

Recommendation 3: In all future stages of restructuring, Te Whatu Ora ensures those directly impacted understand the impacts upon them as individuals and their rights to support, advice union or legal and or other. Clear concise information must be provided. This could include workshops and webinars. Te Whatu Ora must meet all its obligations under Employment Relations Act 2000.

Transition

The proposals are unclear on how transition will occur and be supported. These are major changes to the operation of the health system and fully developed transition arrangements are vital to their success. These transition processes must be part of the consultation as they have significant impacts both on workers and internal users of the services.

In members' voices

For roles that have change of reporting lines to outside of their current groups how will that transition occur and will it be all in place by day 1 of change agreed dates? Basic things like who signs of rosters to allow pay to proceed.

As I understand the process, Te Whatu Ora are disestablishing middle and upper local management as a first step and to a fixed date, this is as published, however, there is no obvious transitioning from current to new management.

We're losing our support systems - For example, our Wellbeing Team, Project Leads and Ko Awatea education support. These roles have been prematurely disestablished - they're people we've built working relationships with (especially over Covid) & work in these areas that is half complete.

Recommendation 4: Te Whatu Ora develop processes on what transition is required and how it will be implemented and supported in consultation with workers, unions, and internal users of services. All future proposals contain details about the transition.

Early Engagement

Neither the Unions nor Te Whatu Ora has adequate resources available for such massive change, especially when these change proposals are occurring simultaneously and in waves. Te Whatu Ora is pushing through the most significant changes the health sector has seen, yet the workforce is being left vulnerable and inadequately supported.

Recommendation 5: Te Whatu Ora engages appropriately with the unions and workforce prior to any further change processes commencing. This will be to ensure appropriate process is followed, the process is adequately resourced, all information and data is provided, and the workforce is able to be fully supported.

Collective Agreement Breaches:

The PSA acknowledges there was a meeting with all Health Unions last week to discuss the current and future change processes, but this meeting should have occurred well before these proposals commenced. All the current waves have failed to meet the obligations of Te Whatu Ora within PSA collectives and the next phase of these processes will be crucial to avoid any disputes arising. The PSA desperately wants to avoid any dispute but may have no option.

Recommendation: Te Whatu Ora follow up from the 4 May joint meeting with health unions and the suggestions and recommendations put forward are put into an agreed process moving forward.

IEAs:

The PSA is concerned at the language and process described for those workers on Individual Employment Agreements (IEAs). Te Whatu Ora has put a blanket removal of all current IEA terms and conditions and replaced with a Te Whatu Ora IEA. Te Whatu Ora proposes to remove any grandfathered terms and conditions a worker may hold with no discussion occurring. If Te Whatu Ora proceeds in this way in may be a breach of Te Whatu Ora's goodfaith obligations.

Recommendation 7: Te Whatu Ora clarifies its intent for those on IEA's to ensure a fair process is conducted when/if IEA's are amended and that Te Whatu Ora meets all its obligations under the Employment Relations Act 2000.

Equity

Our members raised equity issues with the process and wanted to ensure that workers were fully supported in appropriate ways throughout the process.

Employees who were currently pregnant or on parental leave and whose roles were proposed to be disestablished expressed particular concern about whether they would be treated equitably as well as the impact of going through the process at this time.

In our members' voices

There should have been kaumatua at each feedback meeting to look after cultural protocols, including karakia.

Employees with accessibility needs and/or being neurodivergent would be heavily impacted by this kind of change but it does not seem to be enough level of specific considerations and supports.

I am currently pregnant. I can't afford to lose my job, and yet I can't see that any consideration has been given to people in my position - either about to go on parental leave, or already on parental leave. It took a month to get answers to (some) of my questions about how I will be protected through this process, but some questions remain unanswered some 5-6 weeks after submitting them. How can I be sure that I won't be discriminated against because I am going on parental leave?

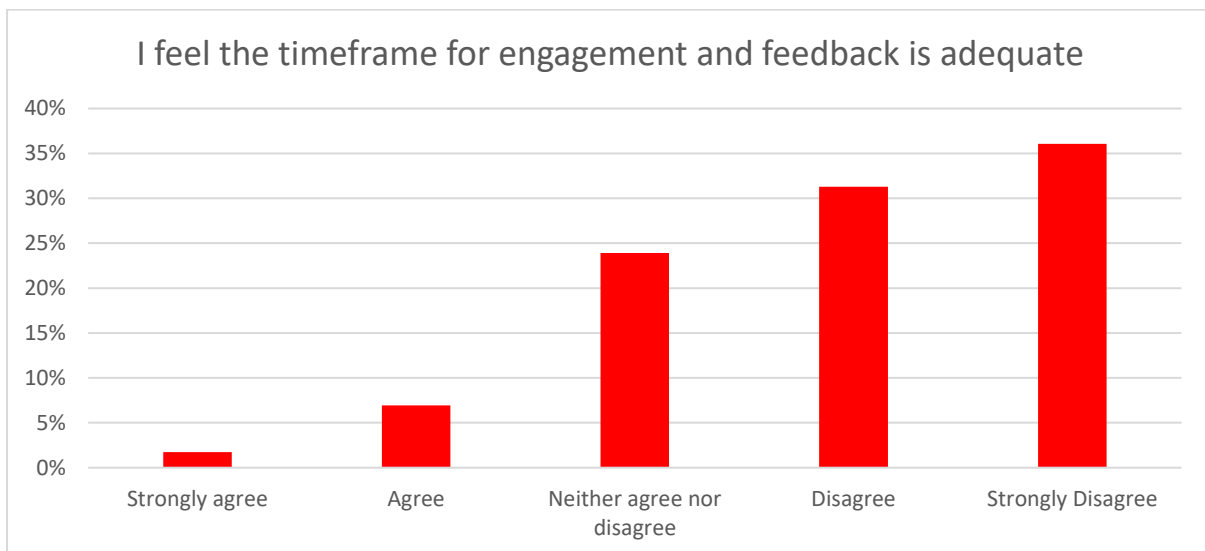
Recommendation 8: Te Whatu Ora explicitly address equity issues in future consultation and change processes. That documents actively address what Te Whatu Ora is doing to meet the needs of disabled workers and workers in different stages of pregnancy and on parental leave.

Timeframe

Our members were very clear that the timeframe for the consultation was inadequate. We appreciate that when this was raised the Commissioning and then the National Public Health Service consultations were extended by 5 working days.

In our members' voices

Time frame for consultation included school holidays and public holidays and many people taking leave at different times made it hard to meet and discuss changes and prepare responses collectively.



Recommendation 9: Te Whatu Ora take into consideration public holidays and school holidays when undertaking consultation.

Format for feedback

Members expressed concern about the limited options for expressing feedback and in particular the limited option for collective feedback.

Members also expressed concerns about the on-line consultation tool. There were questions about its functionality. Members expressed concern that they were being required to learn a new tool at a very stressful time, and other members had not been successful in using the tool.

The fact that they had to set up a login made people some members sceptical that it was anonymous. Some members mentioned that they had not put in feedback, or only wanted to submit feedback through us for this reason. This should concern Te Whatu Ora for two reasons, first an anonymous tool does not provide any function if people do not believe in it and what we've learned from our members suggests that there are workers who were too afraid to provide feedback. Second, members' fear that they could be targeted for speaking up provides key information about the current climate at Te Whatu Ora.

In our members' voices

There should be options to put in written feedback, recorded verbal feedback, one to one meetings, meetings as a small team, meetings at different levels (eg senior leadership, advisor level, programme management level etc). We need to have the opportunity to feedback verbally either one-to-one, and as a smaller team as well as with larger teams. There should also be an opportunity to provide detailed reports to the consultation team.

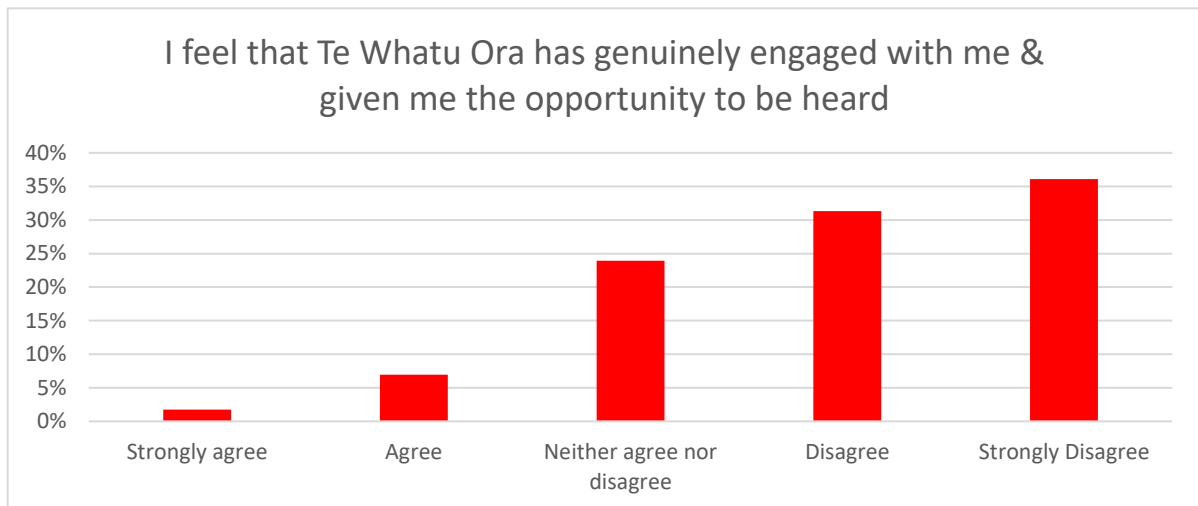
I have been so swamped with BAU work that I haven't had time to learn how to use What Say You well enough to then provide feedback.

What Say You is a terrible tool - I shouldn't have to invest significant time to learn how to use a feedback tool in order to then give feedback. This could have been, and should have been, a lot simpler.

The consultation team are clear that What Say You is the official consultation feedback channel. WSY is moderated, so the consultation team choose which submissions are visible to all and which remain private to the submitter. I have submitted 9 items. With 2 days remaining in the consultation process, two are published and answered (selectively - an inconvenient question was ignored), one is unpublished but answered, six are unpublished and unanswered. Some of my colleagues submissions are similarly treated. Awkward submissions are being unpublished and ignored.

People are frightened to provide comment or ask questions in case they are targeted and disestablished.

Recommendation 10: Te Whatu Ora provides a wider range of options for feedback that does not require people to learn new systems in a stressful time.



Impact on Workers

A restructuring process that is badly run comes at a cost. Our members outlined the impact that the process had had on them, their teams and their work. Te Whatu Ora can ill afford to pay the cost of losing workers and less resilient teams.

As well as an institutional cost, this approach to restructuring has had a personal cost. Our members articulated again and again the impact that the change process has had on them and their colleagues.

In our members' voices

The recent restructuring has had a profound impact on our team's effectiveness, significantly undermining the resilience and cohesion we developed as a team in response to the challenges of the COVID-19 pandemic etc.

This process has left me feeling very undervalued and makes me wonder if I really want to work for an organisation that treats their staff in such a manner.

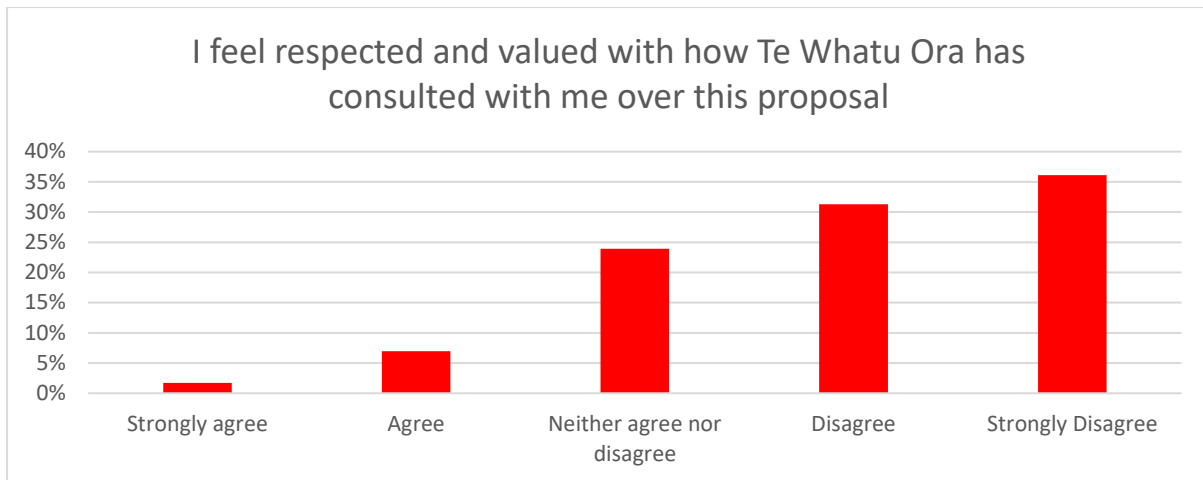
The way I found out I was impacted was second hand by a colleague in another region who received their email 12 hours ahead of mine. I feel totally disrespected and traumatised.

Increased levels of anxiety and uncertainty ripple through all staff. Does not feel like a transparent process.

This process has left me feeling very undervalued and makes me wonder if I really want to work for an organisation that treats their staff in such a manner.

Do you understand that by lifting and shifting people with no clear understanding of their roles you are creating huge stress and distress. It is not good enough to keep saying sorry.

I am about to be restructured as I am in the next wave and it is increasingly stressful.



What would a better process look like?

Te Whatu Ora does not need to reinvent the wheel or even be innovative in its approach to change processes (although it would be appropriate for Te Whatu Ora to be an exemplar when it comes to meaningful actions to promote workers wellbeing through a change process). Te Whatu Ora needs to follow well established principles to engage with workers in a meaningful way.

One of the more optimistic comments from our members outlines the choice Te Whatu Ora has now:

I think it's necessary to restructure in order to create better collaboration and efficiencies. Change is uncomfortable but is a reality of life. Te Whatu Ora understandably cannot provide detail about where lower tiers will sit until they sort out the upper levels, so a lot of us don't really quite know where we will stand in the long run. I think Te Whatu Ora have been honest and transparent. Time will tell whether they genuinely listen to feedback from staff.

Recommendation 11: Te Whatu Ora develops an exemplar approach to change, including codesign and a union steering group to oversee change.

Recommendation 12: Te Whatu Ora reconsult on the current wave of 8 change proposals, the next round of proposals are developed through active engagement from unions and members, provide sufficient information about the current state, and include the structure as a whole, not just the leadership team. In the re-consultation, Te Whatu Ora must comply with all expressed Management of Change provisions in any IEA/CA/MECA in order to meet its obligations under the Employment Relations Act 2000.

Data and Digital Process

Our members support the rationalisation of Data and Digital and recognise that good use of data and digital resources is a key system shift of the health reforms. They understand that this will mean doing things differently and are excited about those possibilities. The centrality of good use of data and digital is why it is vital that the restructuring is based on good information and follows a good process.

While our members are disappointed with the process, they do believe that there is an opportunity here and have ideas about how to improve both the process and outcome. One member summed up the best path forward:

Map disestablished roles to possible new roles. – Have a conversation; understand the impact of the roles being disestablished on the business and our patients/community. – The horse has bolted – they haven't done the mahi up front to understand these things. The only way they can get the people back on board is to talk to them and actually make changes to the proposed structure before the consultation period ends so we can feed back intelligently.

In our members' voices

There is no doubt that this reorganisation and rationalisation is long overdue.

A transformation was badly needed to increase efficiency, remove duplication and create levels of consistency across the country. This removes aspects of the decision-making structures that slowed pace and led to an expensive national application portfolio. It also has the potential to stop poor locally made decisions being made on a 'what we want here' basis - compromise is necessary when working on a national scale.

With such a large organisation clearly, things needed to change due to duplication in many areas, however, feels like the whole process is being rushed through. Has led to information not being correct, information being missed, and staff current roles completely off of the consultation. Some who have found out after the fact their position had been disestablished??

Aligning systems and processes makes a lot of sense and will save a lot of time and money. Ensure more regional focuses for the workers who are hands on. I can't see me working on say Northlands IT system one day and Southern the next. Not initially anyway until we have the same systems and processes in place. That will take a long time!

National approach to cyber security positive

Decisions about roles based on incorrect information.

One of the key points members raised was that the decisions were based on incorrect information about what they currently did.

There were two examples that were brought up more than once that demonstrate the importance of mapping all the work a role does before proposing it is disestablished. The first was EA/PA roles which were proposed to be disestablished because the executive they were supporting was proposed to be disestablished. However, these roles provided administration support for the wider team and the disestablishment of their role would leave the entire team without administration support. The second example was team leaders who undertake significant operational work as well as leadership roles have been disestablished without acknowledgement of their operational work or a plan to ensure that work continues.

It has presumed that all I do is PA work as that is my job title, but my role is varied and majority of work is supporting D&D managers and team in all different types of admin work i.e. travel & conference bookings, payroll, timesheeting, project and supplier invoice reconciliations, procurement & POs etc. This admin work won't stop and someone will need to pick it up if my position is to be disestablished, therefore I believe an admin role is still required.

People now are stretched and have blended roles now, that hasn't been mapped out.

My role involves working closely with the business hospital services and the like, and providing support for them all back to the Data and Digital teams. How management expect customer service to exist at all with the disestablished roles is beyond me. - - At no stage has anyone from D&D management actually spoken to these support services to see if the services we provide to them can be done without. The services that I have spoken too are very worried that will be a huge backward step from the progress that has been over the past 3-4 years.

The role has been remapped to a higher level of responsibility and expectation. Clearly roles have been remapped without any clear idea of what is actually performed currently. Some decisions do not make sense in the new proposed structure.

The change process for D&D appears to be top down with a focus on delivering national priorities. However, there does not appear to be adequate bottom up consultation around District level consequences of the proposed changes and job disestablishments. Because our payroll systems do not have unified job titles this has led to people being in the same role being disestablished whilst others have been mapped to new line managers. The proposal disestablishes and re-aligns roles based on job title not job content. Not enough emphasis has been placed on assessing people's actual jobs prior to this proposal.

Job titles have been used with no real knowledge of the actual job description. Leaders who carry out key operational functions as well as leadership functions are disestablished leaving concerns about where that work will be picked up.

People feel they have not been talked to about their roles and what they do so there is no real understanding so an informed decision cannot be made, also leaders not talked to and no way for them to influence the process. Also leaders have no way to support people through the process as they are in the process at the same time.

The consultation pack was constructed with information that looked to be 4 months old. An individual went around the country in Jan/Feb interviewing and gathering information and org charts from all D&D Operations managers. The huge number of errors indicate that the information did not inform the pack and

little effort was made to validate the pack information. They have been working on this for at least 4 months!

The majority of my role is office admin for the department and a small proportion is PA to CIO, but this hasn't been considered at all. I'm unsure who will now be doing my work.

No direct contact with the teams on the ground to understand what they do or how the business and our community will be impacted by the changes. No understanding of what our roles are - simply moved or disestablished based on a role title. Disestablishment of team leaders without understanding that they do a role AS WELL as leadership, so the business will be impacted by this. - No respect or transparency. People discover they are disestablished on a webinar/teams call with a large group of others. No care shown at all.

There is no mapping of disestablished roles to newly created roles, so Te Whatu Ora will say 'oh you can apply for other roles' but no real thought put into how the existing skills could be mapped to a new role. They have no idea what we do!

The removal of my job and my colleagues with the same role at other Districts will completely remove the engagement interface between hospital specialist services, corporate and facilities services and the IT service. This shows a lack of understanding of our roles and removes the interface between clinical staff and the IT department.

Why have some of the "new" jobs already been allocated to current employees when others performing the same role have been proposed disestablished. This is not a fair and equitable way to treat people employed for the same reasons

The time needs to be taken to understand the role that each person performs and to understand where they sit within the new structure at District as well as Regional and National level.

Please can Te Whatu Ora take the time to review people's actual roles and what they bring to the health outcomes of our people rather than just base their decisions on job titles that do not reflect the day-to-day work some people are doing.

Recommendation 13: Te Whatu Ora prioritises getting accurate information about the current state, particularly the range of work of individual roles. A revised change proposal maps the whole structure and clearly states where work is to be moved to and when the work is proposed to be disestablished alongside the role.

Lack of clarity for those with reporting line changes.

Those who were not being disestablished were unsure about the impact of the restructure for them and did not have enough information to give good feedback. There was considerable concern about what the implications of this change would be and the lack of communication.

It would have been good if there was some explanation as to what if any change was going to take place later on in this process as to roles that have only had a reporting line change.

Until the job descriptions are aligned with the new proposed roles and structure it is very hard to make any decision in the new structure.

Some of the errors (e.g. incorrect colour coding of roles in org charts) make it extremely difficult to discern what is really going on with role mappings and reporting line changes. It takes hours of work electronically searching the document to understand what is being proposed with Tier 6 roles.

Lack of communication. Lack of communication. Oh, and lack of communication. The comms that have been coming out have been saying nothing. "We acknowledge the stress and not knowing etc", without then addressing what people's concerns are or what they were thinking as part of the comms.

Cannot tell at this stage what is good or bad. All we have been told is about proposed reporting lines. This is only a reporting structure and tells us nothing about how our roles will work and interactions across the different reporting lines, roles, and disciplines. How will decisions be made? Top down? Collaboratively upwards? How will priorities be set? How will work be assigned and managed? etc. It is currently looking like our roles are becoming smaller cogs in a bigger machine. That may mean more specialisation into specific areas of work with less overall mandate in the bigger picture. It is already looking like more layers of oversight (and red tape) than we are used to.

Don't know - has not been discussed with our team by our managers. Communication from our direct managers has been zero. And the consultation documents I've seen don't make a whole lot of sense.

Consultation documents are huge and very confusing. Is very high level and doesn't give enough detail at the level most staff are working at.

The way it is now, the feedback will all be about how they've missed people, got reporting lines wrong, made errors in the document as simple as the 'key' or colours of boxes being wrong. We will miss the real feedback that is required, around how this could work or what could be improved on.

Main concern would be that change in reporting line stops us doing the awesome work we currently do. Having everyone working together on shared visions, breaking down siloes. HOPEFULLY removing layers of governance.

Recommendation 14: In a revised proposal ensure that a full structure is included and information about how Data and Digital is going to work as a whole, rather than just focus on the top levels of leadership.

Impact of the process on staff and the health system

Our members were concerned about the impact that the process had already had on both workers and the organisation. They emphasised the importance of the knowledge of people in roles that had been disestablished and the impact of losing both knowledge and relationships. Data and Digital roles are difficult to fill and Te Whatu Ora cannot afford to treat these staff as disposable.

Staff are really frustrated and shocked to see the proposed D & D changes given in the consultation document. They are demotivated and have lost the enthusiasm to work, and it has an overall impact on their work productivity and their wellbeing.

Not rushing to get rid of people, then finding we end up hiring them back in again as contractors at twice the rate six months down the track

The proposed options will not be practical in the broader sense. Just reducing senior staff may not work as we are losing the skills sets they possess. While retaining their skills and expertise and the great contribution that they have done throughout is important for the organisation in long term.

Senior management teams are a group that possess high-level skill sets and expertise and retaining those skills and experience in the organisation is equally important in moving forward.

As I understand the process, Te Whatu Ora are disestablishing middle and upper local management as a first step and to a fixed date, this is as published, however, there is no obvious transitioning from current to new management. - Further, the 3 levels of management being removed locally substantively represent the department's key network with the clinical (business) locally and so years of relationship building will simply disappear, creating silos and loss of service delivery continuity. Just putting up new regional faces after the event will not reconnect those local trust and credibility-based relationships, if anything, it may have the opposite effect; these functions should be transitioned to the new faces while the current structure is in place. - This approach has all the hallmarks of a yesteryear (century), cost cutting restructure and risks so much of what has been built locally for the visibility of immediately reducing health costs.

Workload is increasing to cover departing people. Not sustainable. A real worry that people won't be replaced and workload will remain at an untenable level. Huge loss of institutional knowledge and the people who could really aide the organisation in its transition are gone. Local knowledge lost, impact on relationships that exist across and outside of the organisation.

The proposed options will not be practical in the broader sense. Just reducing senior staff may not work as we are losing the skills sets they possess. While retaining their skills and expertise and the great contribution that they have done throughout is important for the organisation in long term.

Recommendation 15: Commit to operate in a way that prioritises retaining the current knowledge and skills within the organisation and include a plan for that retention in any future consultation documents.

Data and Digital Feedback

Impact on of local leadership and local functions

Our members were very clear that the disestablishment of local managers would have a significant impact both on them as workers as on the provision of services. Members talked about the importance of local management who can offer support and care. They also discussed the importance of someone on the ground as a contact point for the service and someone who can resolve escalation. Ensuring that there was someone on the ground who was responsible in emergencies was an important part of ensuring continuity for the organisation.

Our members were concerned about the lack of local clinical engagement. The proposal seemed to suggest that clinical engagement would only occur at the regional and national level. They emphasised the importance of local contact and relationships in roles such as clinical engagement.

In our hospital we will lose the entire management tier. We will have no local onsite lead for the team. A leader does more than just make sure everyone is working, there is a large degree of pastoral care. In the proposal this seems very short sighted. For an organisation that looks after health and wellness, this plan shows very little care for their own team.

Have leader at each location that will manage escalations, navigate the upper tiers, be the contact person for the business. Without this I can see absolute mayhem.

It is unclear what the organisation is trying to achieve by taking out key senior staff roles from the organisation structure. This is going to affect the organisation badly, in long run.

The senior management keeps everyone together and staff are also facing real uncertainty on how the regional level operations will be implemented at district level. Operationally, it is going to be a real mess if there is no senior management on site to take decisions on district level matters.

The structure has removed local leadership, but added in another layer of managers across the regions. There will be no one on the ground to coordinate/lead/support the people. There will be no one on the ground for the business to go to for escalations/urgent requirements.

No leadership on the ground. The people on the ground and the business are going to have to navigate through the many Tier 5 roles to get to the responsible 'manager' for a specific area, likely needing to access a number of 'managers' to get resources required for any local work.

Folks from small teams (especially outside of urban centre), feel ignored. No pastoral care, not having someone on site will leave us out. No understanding of implementation document and it's hard to share vision and encourage folks to participate if the detail isn't there.

And as per the new structure the reporting lines may go to regional level but regional staff do not have an understanding on the operational issues on districts and this will cause unnecessary complications with day to day operations.

Frustrated because we are here to support patients. That's what we're here to do. Where is our support? They've got one manager overseeing 5 areas throughout central. We will need advice NOW not 2 days from now. Feels like fake it till you make it. If something breaks or the wifi goes down, we can't wait. We need someone local and we need to know the person we have will respond ASAP.

The consultation indicates that clinical engagement with D&D will occur at Regional and National level. There is no indication that there will be any local District level engagement meaning the voice of the local clinical and corporate HSS teams will have no day-to-day way to communicate with D&D at district level. Customer engagement is an important role that involves liaison between local and regional customers, including clinical and corporate services, and Data & Digital. This function needs to be supported by customer engagement leads, customer engagement business analysts as well as customer engagement partners. Customer engagement can occur on a daily basis across the roles that support the function.

In an already constrained workforce, this lack of direct engagement and support at the local level, will lead to user frustration, remove timely delivery, cause delays and greater backlogs that can result in risks arising that impact on service delivery and patient outcomes.

Recommendation 16: The revised proposal directly addresses the need for local leadership for both Data and Digital staff and wider support functions. Local customer engagement models be developed in consultation with both service users and those currently completing that work.

Medical Transcription and Clinical Coders

One key area where there was a lack of clarity and explanation was the placement of functions such as Medical Transcription and Clinical Coding. There are references in the document to clinical coding manager and team moving to HSS. There was no explanation of or justification for this move. Those in Medical Transcription had even less clarity, with some mentioning in passing that they were moving, but no documentation. Our members expressed a preference for staying with Data and Digital and having that key support. Whatever happens it is vital that members who work in these functions can have input into the structure. In order for this to happen, there will need to be a document that is clear about where these roles are going and how the function will work.

In our members' voices

We currently sit under Data & Digital and after attending the consultation there was little information about Clinical Transcription, all that was said was one sentence. 'Clinical Transcription Service will come under Hospital Specialist Services' but there is no documentation of the change that I have seen.

There is nothing good about the proposed role of Coders being put under HSS. This is a backward step as approx 7-8 years ago we reported to support services. The difference once we came under DE was huge in that there was insight into the importance of good clinical coding, reporting, education and development and staffing which did not occur under Health Services and Admin.

Clinical Coders need clarity on who and where we will be reporting to, like what was announced for the Business Intelligence team.

Recommendation 17: Te Whatu Ora engage with Medical Transcriptionists and Clinical Coders to identify what support and relationships they need and create a structure that reflects those need. This structure should then be fully consulted on with full information about how the structure and roles will work.

Recommendations

Overall process

1. Te Whatu Ora restore trust with workers by genuinely listening to feedback from staff about the damage the process has done.
2. Te Whatu Ora apologise to affected workers for the impact of this process.
3. In all future stages of restructuring, Te Whatu Ora ensures those directly impacted understand the impacts upon them as individuals and their rights to support, advice union or legal and or other. Clear concise information must be provided. This could include workshops and webinars. Te Whatu Ora must meet all its obligations under Employment Relations Act 2000.
4. Te Whatu Ora develop processes on what transition is required and how it will be implemented and supported in consultation with workers, unions, and internal users of services. All future proposals contain details about the transition.
5. Te Whatu Ora engages appropriately with the unions and workforce prior to any further change processes commencing. This will be to ensure appropriate process is followed, the process is adequately resourced, all information and data is provided, and the workforce is able to be fully supported.
6. Te Whatu Ora follow up from the 4 May joint meeting with health unions and the suggestions and recommendations put forward are put into an agreed process moving forward.
7. Te Whatu Ora clarifies its intent for those on IEA's to ensure a fair process is conducted when/if IEA's are amended and that Te Whatu Ora meets all its obligations under the Employment Relations Act 2000.
8. Te Whatu Ora explicitly address equity issues in future consultation and change processes. That documents actively address what Te Whatu Ora is doing to meet the needs of disabled workers and workers in different stages of pregnancy and on parental leave.
9. Te Whatu Ora take into consideration public holidays and school holidays when undertaking consultation.
10. Te Whatu Ora provides a wider range of options for feedback that does not require people to learn new systems in a stressful time.

11. Te Whatu Ora develops an exemplar approach to change, including codesign and a union steering group to oversee change.
12. Te Whatu Ora reconsult on the current wave of 8 change proposals, the next round of proposals are developed through active engagement from unions and members, provide sufficient information about the current state, and include the structure as a whole, not just the leadership team. In the re-consultation, Te Whatu Ora must comply with all expressed Management of Change provisions in any IEA/CA/MECA in order to meet its obligations under the Employment Relations Act 2000.

Data and Digital

13. Te Whatu Ora prioritises getting accurate information about the current state, particularly the range of work of individual roles. A revised change proposal maps the whole structure and clearly states where work is to be moved to and when the work is proposed to be disestablished alongside the role.
14. In a revised proposal ensure that a full structure is included and information about how Data and Digital is going to work as a whole, rather than just focus on the top levels of leadership.
15. Commit to operate in a way that prioritises retaining the current knowledge and skills within the organisation and include a plan for that retention in any future consultation documents.
16. The revised proposal directly addresses the need for local leadership for both Data and Digital staff and wider support functions. Local customer engagement models be developed in consultation with both service users and those currently completing that work.
17. Te Whatu Ora engage with Medical Transcriptionists and Clinical Coders to identify what support and relationships they need and create a structure that reflects those need. This structure should then be fully consulted on with full information about how the structure and roles will work.